Filing Date Application Number **CLAIMS ONLY** Applicant(s) * May be used for additional claims or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT AS FILED CLAIMS Indep Depend Indep Depend Depend .Indep | Depend Indep Depend Indep Depend 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 13 15 16 17 18 66 67 68 69 19 20 70 71 21 22 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 34· 35 36 37 38 90 91 92 40 41 42 43 44 45 93 94 95 46 47 96 97 48. 98 99 100 50 Total Total Indep Total Indep Depend Depend Total Claims Total Claims

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